215037816 60580			State of Nebraska Investigator's Motor Vehicle Accident Report Sheet 1 of 2										2				
2	Total Number of Vehicles Cocal No./ District 154 Agency Case No. B5-086201 Agency Case No. B5-086201 Cocal No. Agency Case No. Cocal No. Cocal No. Agency Case No. Cocal No.														? L 1		
A/1 01 A/2	DATE OF ACCIDENT		7/2015		y y S	M T W	V TH	F S	TIME OF ACCIDE POLICE NOTIFIE	NT	0734 0739	litary Time)	STATE USE	ONLY			
В	OF ACCIDENT	CITY	Lincoln								PRIVATE	YES NO	09/17	/201	5		
72	ROAD O	N WHICI	H STREET/	o. S. FOL	SOM ST.						PROPERTONE-WAY	YES NO	LATITUDE				
с 1	DISTANCE	FROM	FEET	N	S E W	OF MILEPOST			HIGHV	YAV	STREET? NO.		LONGITUD	E			
D	MILEPO	151	IF AT INTERSE	ECTION				IF NOT	AT INTI	_							
1		NAM	ME OF INTERSECT	ING ROADWAY	<u>′</u>	21.	et 🔘 00	MILES 1	N S	E		EAREST STREE SA PARK		RAILR	OAD C	ROSSING	3
V1/M 01 V2/M	MILES		N S E	ACCIDENT V	VAS OUTSIDE		TS, IND	W OF N	ISTANCE IEAREST OR TOWN		OM NEAF	REST TOWN					-
08 E	R. WORK R1 R2 R3 R4 S. PEDESTRIAN S1 S2 S3 S4 S5-a S5-b S6-a S6-b STATE DEPT. OF ROADS' PROPERTY? CODES 1 YES X NO																
2				J		VEH	HICLE	NO. 1									
f 1 V1/N	DRIVER LICENSE DRIVER		NO. G02064	1549					PHONE	420	1054	STATE (Of License)	NE LOCAL NO	SE.	x 🏖	FEMALE MALE	=
5	DRIVER ADDRE	ESS	DUGHERTY		CITY, STAT				402-	438	3-1854	DATE OF	10/19	// 05			V1/1
V2/N 5	1724 W GARFIELD ST, LINCOLN, NE 68522 BIRTH 10/18/1954 OWNER PHONE LOCAL NO.										18						
G	OWNER ADDRE	ESS	DUGHERTY		CITY, STAT	E, ZIP			402-		B-1854 SITATION	YES	CITATION	NO.			V1/2 18
2			RFIELD, LIN	COLN, NE	68522					(PENDI	T -		STAT	E		V1/3
5	LICENSE PLATE		NO. SPF440	MAKE	MOD	EL		BODY STY			COLOR	2016	STIMATED D	(Of Pla	ite)	NE	V1/4
V1/O	VEHICLE ID	Т'	2008	Chevrole	et M/	ALIBU		4 doo	r Seda	ın		E COMPANY	TOTALE				V1/5
2 V2/O	NO. (VIN) TOWED TO	1G	1ZJ57B98F2	18562	TOWED BY						CALI POLICY NO	FORNIA C	AS. GE	NER	RAL-(DREG	18
2						VFF	HICLE	NO 2			5758	996					V1/6 30
1	DRIVER LICENSE		NO. H13298	904		V L1	OLL	10. 2				STATE (Of License)	NE	SE	x X	FEMALE	_
V1/P	DRIVER ERIN N I							PHONE 402-215-8560					LOCAL NO.			V2/1	
1 V2/P	DRIVER ADDRE	ESS		DLN. NE (CITY, STAT	E, ZIP						DATE OF BIRTH (MM / DD / YYYY	08/27	7/199	92		18
1	736 W. E ST. #301, LINCOLN, NE 68522 08/27/1992 OWNER BRIAN K FREVERT DOB 3-31-67 / TRACY J FREVERT PHONE 402-490-2750								V2/2 18								
^J 01	OWNER ADDRESS CITY, STATE, ZIP CITATION PENDING NO LB477382									V2/3							
V1/Q	LIGENIOE	D.4	NO. SKB914	,							YEAR ate Expires)	2016		STAT (Of Pla	E	NE	V2/4
4 V2/Q	VEHICLE	YEAR		маке Јеер	MOD	IBERTY		Comp		•	COLOR		STIMATED D	AMAGE)	V2/5
4	VEHICLE ID NO. (VIN)	ICLE ID 1 14CL 49K-77WC04190										18					
к 01	TOWED TO TOWED BY									POLICY NO. 2353-7636-03-79-FPPA-NE						30	
	(Comp	olete this se	ection for	r all injur	ed pers	sons				DATE	OF BIRTH	1 Seat	2	3 Body Region	4 Injury _{Ti}	5 rans. M F
VEH. #	NAME	(COIII	іріете а соптіпцат		DRESS	e were injure	cu)				(IVIIVI /	00/1111)	Position	Бјоот	Region	Sev. "	dis. Wil
	LOCAL NO. MEDICAL FACILITY NAME						EMS SERVICE NAME					EMS RUN REPORT NO.					
VEH. #	NAME			AD	DRESS												
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS SER	VICE NAME					EMS RUN	N REPO	RT NO.		
VEH. #	NAME			AD	DRESS												
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS SER	VICE NAME					EMS RUN	N REPO	RT NO.		

_			THE FOLL			N IS REQUIRED F	1	NTS ENCY CASE NO.		
	\				INDICATE	BY DIAGRAM WHAT HAP		35-086201		
	ノ									
Indica North by Arre	ı				•				•	
-				(N						
				Not To Sca	ale					
						•——	ROSA PARKS WAY	→		
		•	•					•	•	
							-			
					<u> </u>					
						V2 5				
			APOI: · 8' 1" E OF	ECL OF FOLSOM						
			20' 8" S OF SCL	& OF ROSA PARKS WAY		L S O				
						M O M				
•	٠	•	•					•	•	
						33'				
			D	ESCRIPTION OF	ACCIDENT	BASED ON OFFICER'S	NVESTIGATION			
			right. Vehicle 2 rea		. Vehicle 2	was behind Vehicle 1. D	fore a stop sign. Driver Priver 2 said that she tho	ought that Veh	iicle 1 was	moving a
					. Vehicle 2	was behind Vehicle 1. D		ought that Veh	icle 1 was	moving a
Driver	2 had	I her eyes on			. Vehicle 2			ought that Veh	APPROX. CO	moving an
Driver	2 had	I her eyes on	the left. Vehicle 2 s				river 2 said that she tho	ought that Veh	APPROX. CO	-
OBJECT OBJECT	2 had	I her eyes on	the left. Vehicle 2 s		ADDRESS		Priver 2 said that she the	ought that Veh	APPROX. CO	ST OF DAMAC
OBJECT	2 had	I her eyes on	the left. Vehicle 2 s		ADDRESS		Priver 2 said that she the		APPROX. CO \$ APPROX. CO	ST OF DAMAC
Driver : OBJECT NAME NAME VEH VEH VEH VEH VEH VEH VEH V	DAMAC	I her eyes on	OWNER NAME OWNER NAME	NT OF IMPACT AND	ADDRESS ADDRESS ADDRESS		Priver 2 said that she the	PHO PHO	APPROX. CO \$ APPROX. CO \$ NE NE	ST OF DAMAC
Driver : OBJECT NAME NAME VEH BE	DAMAC	GED E MOVEMENT E COLLISION	OWNER NAME OWNER NAME OWNER NAME POIN MOS	truck Vehicle 1.	ADDRESS ADDRESS ADDRESS	AIRBAG DEPLOYED	PHONE PHONE RESTRAINT USE	PHO PHO OCCUPAN ALCOHO	APPROX. CO \$ APPROX. CO \$ NE VEH 1 L Driver	ST OF DAMAG
OBJECT OBJECT NAME NAME NAME	DAMAC DAMAC	GED E MOVEMENT COLLISION ROAD OR	OWNER NAME OWNER NAME OWNER NAME POIN MOS	NT OF IMPACT AND T DAMAGED AREA	ADDRESS ADDRESS ADDRESS ADDRESS	AIRBAG DEPLOYED VEHICLE 1	PHONE PHONE PHONE RESTRAINT USE VEHICLE 1	TOTAL OCCUPAN ALCOHOL TESTING ALCOHOL	APPROX. CO APPROX. CO APPROX. CO VEH T Driver No. 1	ST OF DAMAG
Driver : OBJECT OBJECT NAME NAME NAME VEH BE	DAMAC DAMAC	GED MOVEMENT COLLISION ROAD OR HIGHWAY NAM	OWNER NAME OWNER NAME POIN MOS (Enter no.	NT OF IMPACT AND T DAMAGED AREA	ADDRESS ADDRESS ADDRESS ADDRESS	AIRBAG DEPLOYED VEHICLE 1 4 1 Deployed - front	PHONE PHONE PHONE PHONE RESTRAINT USE VEHICLE 1	PHO PHO TOTAL OCCUPAN ALCOHOL TESTING ALCOHOL LEVEL Dantt TESTED	APPROX. CO APPROX. CO APPROX. CO VEH T Driver No. 1 Y	ST OF DAMAG
Driver : OBJECT OBJECT NAME NAME VEH NO. N S 1 X	DAMAC DAMAC	E MOVEMENT COLLISION ROAD OR HIGHWAY NAM FOLSOM 06 Turning left	OWNER NAME OWNER NAME OWNER NAME OWNER NAME VEHICLE POINT OF IMPACT DAMAGED OF	NT OF IMPACT AND T DAMAGED AREAUMbers for each veil 1 VEHIC 6 POINTACT MOST	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	AIRBAG DEPLOYED VEHICLE 1 1 Deployed - front 2 Deployed - side 3 Deployed - both front/side	PHONE PHONE PHONE RESTRAINT USE VEHICLE 1 - 2 1 None used - vehicle occu 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 4 Lap belt only used	PHO PHO OCCUPAN ALCOHO TESTING LEVEL TESTED BAC LEVEL	APPROX. CO \$ APPROX. CO \$ INE	ST OF DAMAGE 1 VEH 2 Driver Per tri Y Y Y N X N Driver Dri
OBJECT OBJECT OBJECT NAME VEH RE VEH NO. N S 1 X 2 X	DAMAC DAMAC	GED GED GED MOVEMENT COLLISION ROAD OR HIGHWAY NAM FOLSOM FOLSOM	OWNER NAME OWNER NAME OWNER NAME OWNER NAME VEHICLE POINT OF IMPACT DAMAGED OF	NT OF IMPACT AND T DAMAGED AREAUTHORS for each veil MPACT MOST DAMAGED AREA MOST DAMAGED AREA MOST DAMAGED AREA	ADDRESS ADDRESS ADDRESS ADDRESS OA hicle) CLE 2 O2 O2	AIRBAG DEPLOYED VEHICLE 1 1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available	PHONE PHONE PHONE PHONE RESTRAINT USE VEHICLE 1 1 None used - vehicle occu 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 6 Child booster seat used 7 DOT approved helmet use	TOTAL OCCUPAN ALCOHO TESTING ALCOHOL LEVEL TESTED BAC LEVEL ALCO DRU	APPROX. CO APPROX. CO APPROX. CO NE NE VEH 1 VEH 1 VI N X N X HOL/ IGS	ST OF DAMAGE 1 VEH 2 Driver No. 2 Per tri Y Y Y N X N
OBJECT OBJECT OBJECT NAME OBJECT NAME VEH BE VEH NO. N S 1 X 2 X 1 11 2 08 01 Essential straight	DAMACO DAMACO DAMACO DAMACO	E MOVEMENT COLLISION ROAD OR HIGHWAY NAM FOLSOM Of Turning left 07 Making U-tr 08 Entering traffic lane 09 Leaving traffic lane	OWNER NAME OWNER NAME OWNER NAME OWNER NAME POIN MOS (Enter no.) VEHICLE POINT OF IMPACT DAMAGED AREA OO None 09 Top & windo	nt of IMPACT AND T DAMAGED AREAUMBERS for each veil 1 VEHIC MAST DAMAGED AREA MAST DAMAGED AREA 102 03	ADDRESS ADDRESS ADDRESS ADDRESS Address ADDRESS OA hicle) CLE 2 O2 O2 O4	AIRBAG DEPLOYED VEHICLE 1 1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown	PHONE PHONE PHONE PHONE RESTRAINT USE VEHICLE 1 1 None used - vehicle occu 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown	TOTAL OCCUPAN ALCOHOL TESTING ALCOHOL LEVEL TESTED BAC LEVEL ALCO DRU SUSPE 1 Neither	APPROX. CO APPROX. CO APPROX. CO NE NE NE NE NE NE NE NE APPROX. CO APPROX. CO	ST OF DAMAGE 1 VEH 2 Per No. 2 Per No. 2 Priver No. 1 No. 1 No. 1 No. 1 Ings suspect
Driver : OBJECT	DAMACO DAMACO DAMACO DAMACO Damaco B W B W Damaco Dama	E MOVEMENT COLLISION ROAD OR HIGHWAY NAM FOLSOM FOLSOM Of Turning left O7 Making U-tr 08 Entering traffic lane 09 Leaving traffic lane 10 Parked es 11 Slowing or	OWNER NAME OWNER NAME OWNER NAME OWNER NAME POIN MOS (Enter no.) VEHICLE POINT OF IMPACT DAMAGED AREA OO None 09 Top & windo 10 Undercarriag 11 Total (all are	TOF IMPACT AND TOTAL DAMAGED AREA O2 03 WS 01 01 01	ADDRESS ADDRESS ADDRESS ADDRESS OA hicle) CLE 2 O2 O2	AIRBAG DEPLOYED VEHICLE 1 1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available	PHONE PHONE PHONE PHONE RESTRAINT USE VEHICLE 1 1 None used - vehicle occup 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used	TOTAL OCCUPAN ALCOHOL TESTING ALCOHOL LEVEL TESTED BAC LEVEL SUSPE 1 Neither 2 Yes - ald 3 Yes - dr	APPROX. CO \$ APPROX. CO \$ INE	ST OF DAMAGE TO DE
Driver : OBJECT OBJE	DAMACC DAMACC DAMACC DAMACC	E MOVEMENT COLLISION ROAD OR HIGHWAY NAM FOLSOM Of Turning left Of Making U-tu Of Entering traffic lane Of Leaving traffic lane 10 Parked 11 Slowing or stopped in 12 Other	OWNER NAME OWNER NAME OWNER NAME OWNER NAME POIN MOS (Enter no.) VEHICLE POINT OF IMPACT DAMAGED AREA OO None 09 Top & windo 10 Undercarriag 11 Total (all are	TOF IMPACT AND TOTAL DAMAGED AREA O2 03 WS 01 01 01	ADDRESS ADDRESS ADDRESS ADDRESS Address ADDRESS OA hicle) CLE 2 O2 O2 O4	AIRBAG DEPLOYED VEHICLE 1 1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown VEHICLE 2	PHONE PHONE PHONE PHONE PHONE RESTRAINT USE VEHICLE 1 1 None used - vehicle occul 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 9 Restraint use unknown VEHICLE 2	TOTAL OCCUPAN ALCOHOL TESTING ALCOHOL LEVEL TESTED BAC LEVEL SUSPE 1 Neither 2 Yes - ald 3 Yes - dr	APPROX. CO \$ APPROX. CO \$ INE	ST OF DAMAGE TO DE
Driver : OBJECT OBJECT OBJECT NAME VEH BE VEH NO. N S 1 X 2 X 1 11 2 08 01 Essentia straight 02 Backing 03 Chaquag 04 Overtak Passing 05 Turning 05 Turning 05 FICER N	DAMACC DAMACC DAMACC DAMACC DAMACC Tight	E MOVEMENT COLLISION ROAD OR HIGHWAY NAM FOLSOM O6 Turning left 07 Making U-t 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in	OWNER NAME OWNER NAME OWNER NAME OWNER NAME OWNER NAME VEHICLE POINT OF IMPACT DAMAGED AREA ON None 09 Top & windo 10 Undercarriag 11 Total (all are 12 Other	TOF IMPACT AND TOT DAMAGED AREAUTHORS for each veil MPACT MOST DAMAGED AREAUTHORS for each veil MPACT MOST DAMAGED AREA 02 03 WS	ADDRESS ADDRES	AIRBAG DEPLOYED VEHICLE 1 1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown VEHICLE 2	PHONE PHONE PHONE PHONE RESTRAINT USE VEHICLE 1 1 None used - vehicle occup 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 7 DOT approved helmet used 9 Restraint use unknown VEHICLE 2	TOTAL OCCUPAN ALCOHO TESTING ALCOHOL LEVEL TESTED BAC LEVEL ALCO DRU SUSPE 1 Neither 2 Yes - alc 3 Yes - alc 4 Yes - alc 5 Unknow	APPROX. CO APPROX. CO APPROX. CO APPROX. CO NE NE NE NE NE NE NE NE NE N	ST OF DAMAC ST OF DAMAC ST OF DAMAC The state of the s
OBJECT OB	DAMACC DAMACC DAMACC DAMACC DAMACC DAMACC DAMACC DAMACC	E MOVEMENT COLLISION ROAD OR HIGHWAY NAM FOLSOM Of Turning left Of Making U-tu Of Entering traffic lane Of Leaving traffic lane In Slowing or stopped in In Other	OWNER NAME OWNER NAME OWNER NAME OWNER NAME POINT OF IMPACT MOST DAMAGED AREA 00 None 09 Top & windo 10 Undercarriag 11 Total (all are 12 Other TROOP/ TEAM/ BEAT SW	TOF IMPACT AND TOTAL AMAGED AREA 1 VEHIC 6 POINT OF IMPACT 6 POINT OF IMPACT AREA 02 03 WS 02 03 WS 01 03 WS 01 07	ADDRESS ADDRES	AIRBAG DEPLOYED VEHICLE 1 1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown VEHICLE 2 LENT DIN Police Departme	PHONE PHONE PHONE PHONE RESTRAINT USE VEHICLE 1 1 None used - vehicle occup 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 7 DOT approved helmet used 9 Restraint use unknown VEHICLE 2	TOTAL OCCUPAN ALCOHO TESTING ALCOHOL LEVEL TESTED BAC LEVEL ALCO DRU SUSPE 1 Neither 2 Yes - alc 3 Yes - alc 4 Yes - alc 5 Unknow	APPROX. CO APPROX	ST OF DAMAGE TOF